

PART B - FEE(S) TRANSMITTAL

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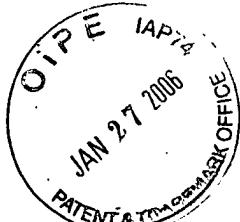
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20676 7590 11/17/2005

ALFRED J MANGELS
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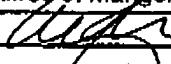
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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.

Alfred J. Mangels	(Depositor's name)
	(Signature)
1/27/06	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/510,144	03/15/2005	Mats Sundberg	1737	8643

TITLE OF INVENTION: METHOD OF MAKING A HEATING ELEMENT OF MOLYBDENUM SILICIDE TYPE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	02/17/2006
EXAMINER	ART UNIT	CLASS-SUBCLASS			
HOANG, TU BA	3742	219-553000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).
 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list
 (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
 (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Alfred J. Mangels

2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Sandvik AB

Sandviken, Sweden

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are enclosed:

4b. Payment of Fee(s):

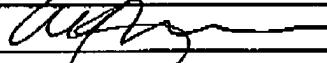
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 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 501300 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

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Authorized Signature 

Date

1/27/06

Typed or printed name

Alfred J. Mangels

Registration No. 22,605

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